EXHIBIT

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Massage & Bodywork Licensing Examination Application Form (Save time and paper – apply online at www.fsmtb.org)

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Send this application form and supporting materials to: FSMTB

P.O. Box 198748, Nashville, TN 37219 (U.S. Postal Service) 150 Fourth Avenue North, Suite 800, Nashville, TN 37219 (for courier delivery)



FSMTB Massage & Bodywork Licensing Examination

	Payment Information and Application Form Instructions
	FEES
(Mal	ce payable to FSMTB. Standard personal checks are not accepted. All fees payable in US\$ dollars.)
Amo	ount Enclosed/Please charge: application(s) @ \$195 each = \$
PAY	MENT TYPE: Certified Check/Money Order School/Institution Check Visa MasterCard
CRE	DIT CARD NUMBEREXP. DATE
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CAR	DHOLDER SIGNATURE
	INSTRUCTIONS FOR COMPLETING THE MBLEx APPLICATION FORM
Pers	Information must be typed or printed. Illegible applications will not be processed. Information Indicate first name, middle initial, and last name (family/surname). Note that the identification that you present at the test site must bear the same name that appears on your application. Indicate other names you are or have been known by. Indicate your Social Security number. Indicate your date of bith (month day, year)

- indicate your date of birth (month, day, year).
- Indicate your gender.

Official Mailing Address/Contact Information

- Indicate your mailing address and daytime phone numbers at which you can be reached.
- Indicate your Email address. FSMTB will use this Email address to notify you when you are approved to register for the licensing examination so that you may promptly schedule your test date and time.
- To ensure prompt and accurate correspondence, it is important that you notify FSMTB immediately if any of your contact information changes. Contact us at www.fsmtb.org.

Education

- In signing the application, you are required to verify that you have read the Examination Content Outline and that you have education and training in the content subject areas.
- Indicate your school name in full (do not use acronyms).
- Indicate the location of the school you attended.

Exam Language

- Please indicate whether you wish to take the MBLEx in English OR in Spanish.
- If you pass the MBLEx in English, you will not be permitted to take the MBLEx in Spanish.

Special Accommodations

If you require special accommodations, please complete the Special Accommodations Request Form and furnish the additional required information with this application.

Licensure Information

- You may select ONE State to which you may have your exam results sent, free of charge.
- If you wish to have your exam results sent to additional destinations, please use the MBLEx Mobility Form at www.fsmtb.org.

Fees

- Total payment of \$195 is due with application.
- Payment information above will be destroyed after processing.
- You must first receive notification from FSMTB via email that you are approved to test before you will be allowed to schedule an exam.

Statement of Acknowledgement

Review the statement of acknowledgement. Sign and date the application form.

Submit the completed application form and fee to:

FSMTB

P.O. Box 198748, Nashville, TN 37219 (U.S. Postal Service) 150 Fourth Avenue North, Suite 800, Nashville, TN 37219 (for courier delivery)

Questions? Call 1.866.9.MB.EXAM (1.866.962.3926) or Email mblex@fsmtb.org



Massage & Bodywork Licensing Examination (MBLEx) Application Form (Save time and paper – apply online at www.fsmtb.org)

*Denotes a required field APPLICANT INFORMATION NAME *FIRST *LAST ALSO KNOWN AS *SS # MM DD YYYY *DATE OF BIRTH **GENDER** F M NUMBER & STREET APT. # *MAILING ADDRESS CITY STATE *EMAIL ADDRESS SECONDARY EMAIL **ADDRESS** *PRIMARY SECONDARY PHONE PHONE **EDUCATION** *NAME OF MASSAGE SCHOOL ATTENDING OR GRADUATED FROM (Write in full name, no acronyms please) STATE *LOCATION OF MASSAGE SCHOOL ATTENDING OR GRADUATED FROM **EXAM LANGUAGE** *I WANT TO TAKE THE MBLEx IN **ENGLISH SPANISH** (Choose ONE language) **TESTING ACCOMMODATIONS** *DO YOU REQUIRE TESTING YES Please complete and submit the ADA NO ACCOMMODATIONS? Accommodations Request Form. If YES, briefly describe the accommodations requested. **LICENSURE** *LIST ONE STATE TO WHICH YOU WOULD YOU LIKE YOUR EXAM RESULT SENT **FEES** TOTAL PAYMENT DUE: \$195. Please provide payment information on the next page. STATEMENT OF ACKNOWLEDGEMENT I hereby certify that the information I provided on this application and in any supporting documents is accurate and true. I acknowledge that I have reviewed the Examination Content Outline and that I have education and training in the exam content subject areas. I acknowledge and agree to abide by and with the policies and procedures in the MBLEx Candidate Handbook promulgated by FSMTB, including all policies regarding examination irregularities, cheating, and cancellation of scores. I understand and agree that I am prohibited from transmitting information about FSMTB examination questions or content in any form to any person or entity. My failure to comply with this prohibition, or my failure to report any information about suspected violations of such prohibitions, or otherwise, about any possible cheating by myself or others may result in my scores being cancelled in accordance with FSMTB policies and procedures and/or legal action, up to and including criminal prosecution. I acknowledge that the fee is nonrefundable and non-transferable *SIGNATURE *DATE

Send this application form and supporting materials to: FSMTB



Massage & Bodywork Licensing Examination (MBLEX) Application Form Payment Information and Application Form Instructions
FEES
Make payment payable to FSMTB. Standard personal checks are <u>not</u> accepted. All fees payable in US\$ dollars
Amount Enclosed/Please charge: application(s) @ \$195 each = \$
PAYMENT TYPE: Certified Check/Money Order School/Institution Check Visa MasterCard
CREDIT CARD NUMBER
EXP. DATE / CVV
NAME ON CREDIT CARD BILLING ZIP CODE
CARDHOLDER SIGNATURE
Note: The charge will show on your card statement as FSMTB Exam Services. By providing your card information and signing this form, you understand and agree that all fees paid are non-refundable and non-transferable.
INSTRUCTIONS FOR COMPLETING THE MBLEx APPLICATION FORM
All information must be typed or printed. Illegible applications will <u>not</u> be processed.
 Personal Information Indicate first name, middle initial, and last name (family/surname). Note that the identification that you present at the test site must bear the same name that appears on your application. Indicate any other name(s) you are or have been known by. Indicate your Social Security number. Indicate your date of birth (month, day, year). Official Mailing Address/Contact Information Indicate your mailing address and daytime phone number(s) at which you can be reached.
 Indicate your email address. FSMTB will use this email address to notify you when you are approved to register for the licensing examination so that you may promptly schedule your test date and time.

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Education

- In signing the application, you are required to verify that you have read the Examination Content Outline and that you have education and training in the content subject areas.
- Indicate your school name in full (do not use acronyms).
- Indicate the location of the school you attended.

Exam Language

- Indicate whether you wish to take the MBLEx in English OR in Spanish.
- If you pass the MBLEx in one of the two permitted languages, you will not be permitted to take the MBLEx in the other permitted language.

Testing Accommodations

If you require testing accommodations, please complete the Testing Accommodations Request Form and furnish the additional required information with this application.

Licensure Information

- You may select ONE State to which you may have your exam result sent, free of charge.
- If you wish to have your exam result sent to additional destinations, please use the MBLEx Result Transfer Form at www.fsmtb.org.

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Massage & Bodywork Licensing Examination (MBLEx) Application (Save time and paper – apply online at www.fsmtb.org)

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*SIGNATURE						*DATE					



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EXP. DATE / CVV					
NAME ON CREDIT CARD BILLING ZIP CODE					
CARDHOLDER SIGNATURE					
Note: The charge will show on your card statement as FSMTB Exam Services. By providing your card information and signing this form, you understand and agree that all fees paid are non-refundable and non-transferable.					

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Education

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- FSMTB requires all MBLEx applicants to request and ensure their massage therapy education program submits educational records directly to FSMTB. MBLEx applications are not complete for processing until educational records are received.
- Indicate your school name in full (do not use acronyms).
- Indicate the location of the school you attended.

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